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TO: Health Officers

FROM: Vehicle Occupant Safety Programs

RE: Local Health Department Child Passenger Safety Program Implementation Guide – An Update  
(per SB 567, Chapter 675, Statutes of 2000)

Enclosed please find an Implementation Guide designed to assist you with implementing the requirements of Senate Bill 567 (Chapter 675, Statutes of 2000) the Child Passenger Safety Law. In September 2000, the Governor signed the legislation, which became partially effective on January 1, 2001, with the second stage of implementation set to occur on January 1, 2002. This law strengthens the existing penalties for not using child passenger restraints. The law also provides funds generated through fines for local health departments to implement or oversee the implementation of child passenger safety education and car seat low-cost purchase or loaner programs. The information contained below and in the attached Guide will focus primarily on the Vehicle Code Sections 27360 and 27360.5 which detail the most current child passenger restraint requirements.

The Guide is designed to assist you in complying with the law and contains the following:

- I. Overview of California's Child Passenger Restraint Laws**
- II. How to Create or Enhance Your Local Health Department Child Passenger Safety Program**
  - 1. Working with the Courts
  - 2. Defining Economically Disadvantaged
  - 3. Distributing the list of Local Car Seat Programs
  - 4. Establishing a Child Passenger Safety Education and Car Seat Purchase or Loaner Program
  - 5. Assisting Hospitals in Complying with the Law

I hope you find this Implementation Guide helpful. If you have any questions or wish to comment on the guidelines, please contact via email at [epicvosp@dhs.ca.gov](mailto:epicvosp@dhs.ca.gov).

Enclosures

## **Local Health Department Child Passenger Safety**

### **Implementation Guide Update**

#### **I. OVERVIEW OF CALIFORNIA'S CHILD PASSENGER RESTRAINT LAWS**

##### **A Little History...**

Senator Petris carried the first child passenger restraint legislation in California which became law in January 1983. Then in 1991, Senator Petris carried Senate Bill 1073 (Chapter 1223, Statutes of 1991), which became effective on January 1, 1992. This law strengthened the existing penalties for not using child passenger restraints. It also provided funds generated through fines for local health departments to implement or oversee the implementation of child passenger restraint education and low cost car seat purchase or loaner programs. The child passenger restraint legislation went through several amendments between 1992 and 1998, which strengthen and clarify the language of the law.

**In general, the following responsibilities have been in place since 1991.**

- The county health department must designate a coordinator to facilitate the creation of a special account and to develop a relationship with the municipal court system to facilitate the transfer of funds to the program.
- The county may contract with another agency to implement all or part of the child passenger safety program.
- Prior to getting a car seat, a person will receive information relating to the importance of utilizing the child passenger restraint system.
- As the proceeds from the fines become available, local health departments must prepare and maintain a listing of all child passenger restraint low-cost purchase and loaner programs in their counties, including semiannual verification that all programs listed are in existence.
- Each county must forward this listing to the California Office of Traffic Safety (OTS) and the courts, birthing centers, community child health and disability prevention programs, county clinics, prenatal clinics, women, infant and children programs, and county hospitals in that county, who then make the list available to the public.

In 1999 and 2000 Senator Jackie Speier carried Senate Bill 567. Governor Davis signed this legislation into law (Chapter 675, Statutes of 2000) in September of 2000. Chapter 675 is the strongest child passenger restraint law in the Nation. The charts on pages 3-5 summarize the most relevant aspects of the law.

Because no realistic estimates exist, at this time, as to the level of funding that will be available, the law purposely does not define how local programs will be set up or who will administer them. This built-in flexibility allows departments to base programming on local needs, funding levels and other available resources.

#### **Changes in the California Child Restraint Law (Vehicle Code Sections 27360-27365)**

<b>Applies to</b>	<b>Requirements in 2000</b>	<b>Changes in 2001</b>	<b>Changes in 2002</b>
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<b>Applies to</b>	<b>Requirements in 2000</b>	<b>Changes in 2001</b>	<b>Changes in 2002</b>
Children	Must be properly secured in a child passenger restraint system* until child is at least age 4, regardless of weight, or 40 lbs., regardless of age. Children at least age 4 and 40 lbs. but under age 16 must be properly secured in a safety belt.**	Clarifies that either a child passenger restraint system* or a properly secured safety belt** may be used for a child who is at least age 4 and 40 lbs. but under age 16.	Child passenger restraint system* is required until child is either age 6 or 60 lbs. When the child meets one of these criteria, either a child passenger restraint system or a properly fitted safety belt may be used.**
Parent/driver	The parent gets the ticket if he or she is in the car; otherwise, driver gets the ticket.	No change.	No change.
Vehicles	Applies to all motor vehicles except those designed for more than 10 occupants, emergency vehicles, and motorcycles.	No change.	No change.
Exemptions	In an emergency, a safety belt may be used if no child restraint is available. Possible exemption by court based on child's size or physical or medical condition	No change.	Added: If the child weighs over 40 lbs. and only lap belts are available in the back seat, a lap belt may be used.
Penalties	For child under age 4 or under 40 lbs.: \$100 fine (violation pays approximately \$270 including penalty assessments) and one point on driving record. For child at least age 4 and 40 lbs.: \$50 fine (violation pays \$135 with penalty assessments).	For children at least age 4 (regardless of weight) and 40 lbs.(regardless of age): point added and fine raised to \$100 (violation pays approximately \$270 with penalty assessments). Fine for second offense raised to \$250 (violation pays \$425) for all children under 16.	No change.
Health Departments	Designates person to work with court and coordinate program that provides education and assists low-income families to obtain car seats; may contract for program.	City health department receives fine money for the program if violation occurs in one of 3 cities with a health department (Berkeley, Long Beach, or Pasadena).	No change.
Day care centers	Must post a specified sign (per Section 1596.95 of the	No change.	Revise signs to include children under age 6 or 60

\* The term "child passenger restraint system" includes car seats, boosters, harnesses, and other products certified to meet federal safety standards.

\*\* Description of proper safety belt use: lap belt low, touching thighs; shoulder belt on child's shoulder, not under arm or behind back. Most children do not fit properly in vehicle belts until at least age 8.

Applies to	Requirements in 2000	Changes in 2001	Changes in 2002
	California Health and Safety Code).		lbs.
Retailers and distributors	May not sell child restraints or accessories for vehicle belts that do not conform to federal safety standards.	No change.	No change.
Car rental agencies	Must provide safety seats for rent by customers on request. The seats must be in good, safe condition, with no missing parts, and less than five years old. Specified sign must be posted.	No change.	Revise signs to include children under age 6 or 60 lbs.
Auto insurers	Must cover replacement of child restraints in use by child during a crash.	No change.	No change.
Courts	May waive fine for first offense if violator shows economic disadvantage. If fine is waived, court must refer violator to education program. Allocation of fine: 60% to county health department for program; 25% to county to administer program; 15% to city general fund unless violation is in unincorporated area.	May <u>reduce</u> or waive fine for first offense if violator shows economic disadvantage. If fine is reduced or waived, court <b>must</b> refer violator to education program that includes inspection of car seat and provides proof of attendance. Court <b>may</b> require attendance even if full fine is paid. Three city health departments included.	No change.
Clinics, alternative birth centers, health facilities	Must have a written policy to provide parents of patients with education, including the law, a list of local car seat distribution programs, and information about risks to unrestrained children (see also Sections 1204.3, 1212, and 1268 of the California Health and Safety Code).	No change.	Revise policy to include children under age 6 or 60 lbs.

Information in the tables throughout this document are provided by SafetyBeltSafe U.S.A. ([www.carseat.org](http://www.carseat.org))

## **II. HOW TO CREATE OR ENHANCE YOUR LOCAL HEALTH DEPARTMENT CHILD PASSENGER SAFETY PROGRAM**

The following is a step-by-step guide to assist you in implementing the provisions of the child passenger restraint laws. These are suggested activities stemming from discussions with a number of local court administrators, county fiscal officers, and local health department staff.

### **1. Working with the Courts**

#### **Local Health Departments Just Getting Started:**

- a. Since funding originates with the courts, the first step is to establish a relationship with the municipal court system, local law enforcement and the California Highway Patrol. City health departments will need to coordinate with their county health departments on this issue.

When contacting the courts, begin by providing a letter of introduction and materials which include local child passenger restraint injury and death data, a copy of relevant child passenger restraint laws and program promotion materials, to court administrative staff (e.g., judicial assistant, secretary or other administrator). Follow-up with the court administrative staff person and arrange a meeting to discuss the distribution of the collected fines and the child passenger safety education referral process. (In small counties, the court administrator may be the only “staff.”)

The SB 567 (Chapter 675, Statutes of 2000) statute more clearly describes the referral process to a community or violator education program. Ideally, the judge will uphold the fine and refer all violators to a community education program. If however, the violator shows proof of “economic disadvantage”, the judge may reduce or waive the fine and refer the person to a child passenger safety education and low-cost or loaner car seat program from the list provided by the local health department.

At this or a subsequent meeting, you should include a discussion about the tools necessary to support the implementation of the referral process from the courts to the child passenger safety education classes and low cost or loaner car seat programs. These tools may include the following:

- a checklist with pertinent information to assist judges in completing the referral process;
  - an updated listing of child passenger safety educational classes and local low-cost and loaner programs (with adjacent areas, if appropriate);
  - a written referral form or “prescription” slip for the family, and discount coupons or vouchers if a program is available;
  - a simple (visual) brochure on the benefits of car seats and the proper use of seats; or
  - an Income Eligibility Table.
  - a tool for tracking violations.
- b. Once a relationship is established, a letter of agreement can be drafted and signed by representatives of the court and health department. As a part of this agreement, a contact person(s) from the court and the

health department should be identified to facilitate implementation and to solve any problem that may surface.

- c. The next step is to discuss the law with your health department fiscal or accounting staff since a special account may have to be set up to receive the funds. This may be a fairly simple task if the department has worked with the court system regarding other public health programs (e.g., AIDS or substance abuse).

### Local Health Departments with Existing Relationships with the Courts:

If you already have a relationship with the courts this new law provides a great opportunity to go back and re-establish this relationship while providing new education and resources to the court.

#### Changes in the California Child Restraint Law (Vehicle Code Sections 27360-27365)

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Courts	May waive fine for first offense if violator shows economic disadvantage. If fine is waived, court must refer violator to education program. Allocation of fine: 60% to county health department for program; 25% to county to administer program; 15% to city general fund unless violation is in unincorporated area.	May <u>reduce</u> or waive fine for first offense if violator shows economic disadvantage. If fine is reduced or waived, court <b>must</b> refer violator to education program that includes inspection of car seat and provides proof of attendance. Court <b>may</b> require attendance even if full fine is paid.  Three city health departments included.	No change.

### 2. Defining Economically Disadvantaged

- a. One of the first questions that the court system is likely to ask is what criteria should be used to determine if a defendant is eligible for a referral in lieu of a fine. The law states that the court may reduce or waive the first offense if:
  - the defendant establishes, to the satisfaction of the court, that he or she is economically disadvantaged, *and*;
  - the defendant is referred to an educational program to obtain education and, if needed a low-cost purchase or loaner car seat or booster seat.

It is suggested that economically disadvantaged be defined as those families whose annual income does not exceed 200 percent of the Federal Poverty Level. This has been used successfully as the financial eligibility criteria for many other public health and social service programs. A copy of these Federal guidelines is found in Attachment I.

### 3. Distributing the List of Child Passenger Safety Classes and Low Cost or Loaner Car Seat Programs

- a. The courts will also ask health departments to keep them current regarding local child passenger safety education classes and low cost or loaner car seat resources for referral.
  - b. On behalf of the Office of Traffic Safety, the California Department of Health Services' Vehicle Occupant Safety Program (VOSP), has created the *Who's Got Car Seats!* document which contains a compilation of all the child passenger restraint programs statewide. Annually, staff with VOSP sends out a request to all the local health departments requesting an update on the local programs. This information is then compiled for OTS and a camera ready copy is forwarded to all the local health departments for them to disseminate to the courts, the hospitals and other legislatively mandated and appropriate agencies. This activity fulfills the local health departments' legislatively mandated responsibility.
4. Establishing A Child Passenger Safety Education and Car Seat Purchase or Loaner Program
- a. The money allocated to the health department as a result of the fines collected should be used to conduct a child passenger safety education program. This program may take various shapes.
  - b. Many child passenger safety programs include the following four basic components:
    - 1) An educational campaign targeting one or more of the following: families with small children, judges and traffic court adjudicators, law enforcement, and community groups in contact with any of the above.
    - 2) A violator education program is designed to educate the child passenger safety restraint defendants. These violator education programs are essentially community education programs that include, but are not limited to, education on the proper installation and use of child passenger restraint systems for children of all ages, and provides certification to the court of completion of that program. Upon completion of the program, the defendant provides proof of participation in the program. If an education program on the proper installation and use of a child passenger restraint system is not available within 50 miles of the residence of the defendant, the requirement will be waived. This community education program (i.e., violator education program) meets the child passenger restraint law requirements.
    - 3) Low cost or no cost car seats/booster seats available for low income families or referral or vouchers for access to car seats.
    - 4) An evaluation mechanism to assess the impact of the program, including data on the number of fines levied before and after the program has started, and a follow-up system to determine if violators are using their car seats correctly following the education.
  - c. Additional program activities could include:
    - 1) Distribution of educational materials on proper car seat installation and use.
    - 2) Collaboration with local birthing and other hospitals and clinics to institute and ensure that the first ride home is a safe ride home.
    - 3) Training for county direct service providers and other employees on how to install and use car safety seats.<sup>1</sup>

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<sup>1</sup> If establishing a low cost purchase program, it is suggested that staff provide coupons/vouchers that are redeemable at a

- 4) Collaboration with childcare resource and referral agencies to incorporate child passenger safety into their trainings for childcare providers.
  - 5) Community outreach to diverse communities via traditional and non-traditional avenues.
- d. The health department may contract with another agency or community group to provide all or part of this service. If you do not have enough funds in your child passenger restraint account to start your child passenger safety program, you may want to seek other funding options such as grants, corporate sponsorship or service organization support.
5. How to Assist Hospitals to Comply with the Child Passenger Restraint Law
- a. The law states that, “Every public or private hospital, *clinic, or birthing center*,<sup>2</sup> shall, at the time of or before the discharge of a child under the age of four years, or weighing less than 40 pounds, provide and discuss information on the law requiring child passenger restraint systems to the parent or the person to whom the child is released.”

**Changes in the California Child Restraint Law  
(Vehicle Code Sections 27360-27365)**

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Clinics, alternative birth centers, health facilities	Must have a written policy to provide parents of patients with education, including the law, a list of local car seat distribution programs, and information about risks to unrestrained children (see also Sections 1204.3, 1212, and 1268 of the California Health and Safety Code).	No change.	Revise policy to include children under age 6 or 60 lbs.

Health departments have one additional requirement pertaining to this section: The health department is to forward the list of low-cost purchase and loaner programs to county hospitals. However, it would be extremely beneficial if health department staff could work with all local hospitals to encourage the development or enhancement of an in-house program. Again, there are existing model programs that can be replicated.

Summary

The intent of this law (Chapter 675, Statutes of 2000) is twofold. First, it is anticipated that increased penalties and fines will serve as an impetus to increase the number of children who are properly restrained. Second, local health departments will receive more money in the coffers to provide services to the community. Local health departments have been designated to coordinate program development because of their focus on prevention and their wealth of expertise in working with diverse groups to establish and maintain public health programs. A great deal of flexibility has been built into the law to enable health departments to collaborate with their court systems, hospitals, law enforcement and other local agencies to develop and fund programs that respond to community needs.

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nearby retail outlet rather than buy and store seats in-house.

<sup>2</sup> The 1995 amendment added the italicized material.



In conclusion, these guidelines are just a tool to help get programs started. A series of bi-monthly teleconferences are arranged to provide a forum for technical assistance and resource sharing. If you or your staff would like to participate in these sessions, have any other questions, or if you would like additional information on designing successful child passenger safety seat programs, please contact via email at [epicvosp@dhs.ca.gov](mailto:epicvosp@dhs.ca.gov).